

Foster Family Home - Corrective Action Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-6

91-1750A Ala Loa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/17/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 2 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Magdalena A. Duldulao
Primary Care Giver

12/17/19
Date

12/17/19
Date